Amendments to the Claims

Please amend claims 93 and 105 as indicated in the listing of claims.

Please cancel claims 99-100 and 106-107 without prejudice or disclaimer.

Please add new claims 111-130.

The listing of claims will replace all prior versions, and listings of claims in the application.

Listing of Claims:

Claims 1-88 (Canceled)

89. (Withdrawn) A method of stimulating innate immunity in a subject comprising administering to the subject a therapeutically effective amount of a peptide as set forth in SEQ ID NO:1-4, 11, 18, 25, 32, 39, 46, 53 or 54, thereby stimulating an immune response.

90. (Withdrawn) The method of claim 89, wherein the innate immunity is evidenced by host immune cell activation, proliferation, differentiation or MAP kinase pathway activation.

91. (Withdrawn) The method of claim 90, wherein the MAP kinases are MEK and/or ERK.

92. (Withdrawn) The method of claim 89, further comprising administering GM-CSF to the subject.

93. (Currently Amended) A method of stimulating innate immunity in a subject having or at risk of having an infection comprising administering to the subject an antibiotic in combination with a peptide as set forth in SEQ ID NO:~~1-4,~~ 7, ~~11, 18, 25, 32, 39, 46, 53 or 54~~.

94. (Withdrawn) The method of claim 89, wherein the peptide contains at least one amino acid that is a D-enantiomer.

95. (Withdrawn) The method of claim 89, wherein the peptide is cyclic.

96. (Withdrawn) The method of claim 89 wherein the peptide sequence is reversed.

97. (Withdrawn) The method of claim 89, further comprising administering an antibiotic to the subject.

98. (Withdrawn) The method of claim 97, wherein the antibiotic is selected from aminoglycosides, penicillins, cephalosporins, cerbacephems, cephamycins, chloramphenicols, glycylcyclines, licosamides, aminocyclitols, cationic antimicrobial peptides, lipopeptides, poymyxins, streptogramins, oxazoladinones, lincosamides, fluoroquinolones, carbapenems, tetracyclines, macrolides, beta-lactams carbapenems, monobactams, quinolones, tetracyclines, or glycopeptides.

Claims 99-100 (Canceled)

101. (Previously presented) The method of claim 93, wherein the peptide contains at least one amino acid that is a D-enantiomer.

102. (Previously presented) The method of claim 93, wherein the peptide is cyclic.

103. (Previously presented) The method of claim 93, wherein the peptide sequence is reversed.

104. (Previously presented) The method of claim 93, wherein the antibiotic is selected from aminoglycosides, penicillins, cephalosporins, cerbacephems, cephamycins, chloramphenicols, glycylcyclines, licosamides, aminocyclitols, cationic antimicrobial peptides, lipopeptides, poymyxins, streptogramins, oxazoladinones, lincosamides, fluoroquinolones, carbapenems, tetracyclines, macrolides, beta-lactams carbapenems, monobactams, quinolones, tetracyclines, or glycopeptides.

105. (Currently amended) A method of stimulating innate immunity in a subject having or at risk of having an infection comprising administering to the subject granulocyte-macrophage colony stimulating factor (GM-CSF) in combination with a peptide as set forth in SEQ ID NO:~~1-4, 7, 11, 18, 25, 32, 39, 46, 53 or 54~~.

Claims 106-107 (Canceled)

108. (Previously presented) The method of claim 105, wherein the peptide contains at least one amino acid that is a D-enantiomer.

109. (Previously presented) The method of claim 105, wherein the peptide is cyclic.

110. (Previously presented) The method of claim 105, wherein the peptide sequence is reversed.

111. (New) A method of stimulating innate immunity in a subject comprising administering to the subject a therapeutically effective amount of a peptide as set forth in SEQ ID NO:7 thereby stimulating an immune response.

112. (New) The method of claim 111, wherein the innate immunity is evidenced by host immune cell activation, proliferation, differentiation or MAP kinase pathway activation.

113. (New) The method of claim 112, wherein the MAP kinases are MEK and/or ERK.

114. (New) The method of claim 111, wherein the peptide contains at least one amino acid that is a D-enantiomer.

115. (New) The method of claim 111, wherein the peptide is cyclic.

116. (New) The method of claim 111, wherein the peptide sequence is reversed.

117. (New) A method of treating inflammation in a subject having or at risk of having inflammation comprising administering to the subject a therapeutically effective amount of a peptide as set forth in SEQ ID NO:7.

118. (New) The method of claim 117, wherein the peptide contains at least one amino acid that is a D-enantiomer.

119. (New) The method of claim 117, wherein the peptide is cyclic.

120. (New) The method of claim 117, wherein the peptide sequence is reversed.

121. (New) The method of claim 117, wherein the peptide is administered in combination with an antibiotic.

122. (New) The method of claim 117, wherein the peptide is administered in combination with granulocyte-macrophage colony stimulating factor (GM-CSF).

123. (New) The method of claim 121, wherein the antibiotic is selected from aminoglycosides, penicillins, cephalosporins, cerbacephems, cephamycins, chloramphenicols, glycylcyclines, licosamides, aminocyclitols, cationic antimicrobial peptides, lipopeptides, poymyxins, streptogramins, oxazoladinones, lincosamides, fluoroquinolones, carbapenems, tetracyclines, macrolides, beta-lactams carbapenems, monobactams, quinolones, tetracyclines, or glycopeptides.

124. (New) A method of treating sepsis in a subject having or at risk of having sepsis comprising administering to the subject a therapeutically effective amount of a peptide as set forth in SEQ ID NO:7.

125. (New) The method of claim 124, wherein the peptide contains at least one amino acid that is a D-enantiomer.

126. (New) The method of claim 124, wherein the peptide is cyclic.

127. (New) The method of claim 124, wherein the peptide sequence is reversed.

128. (New) The method of claim 124, wherein the peptide is administered in combination with an antibiotic.

129. (New) The method of claim 124, wherein the peptide is administered in combination with granulocyte-macrophage colony stimulating factor (GM-CSF).

130. (New) The method of claim 128, wherein the antibiotic is selected from aminoglycosides, penicillins, cephalosporins, cerbacephems, cephamycins, chloramphenicols, glycylcyclines, licosamides, aminocyclitols, cationic antimicrobial peptides, lipopeptides, poymyxins, streptogramins, oxazoladinones, lincosamides, fluoroquinolones, carbapenems, tetracyclines, macrolides, beta-lactams carbapenems, monobactams, quinolones, tetracyclines, or glycopeptides.